PTO/SB/17 (07-96)
Approved for use tricuigh 01/31/2007. OARD 0654-0/32
U.S. Patent and Trademark Officer U.S. DEPARTMENT OF COMMERCE

Under the Paponvork Redu	tion Act of 19	95, no person are req	uited to re	spond to a collectic				control numbe
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				T TO PROGRAM TO THE TOTAL TOTAL TO THE TOTAL TOTA		39/868,141-Conf. #6016		
FEE TRANSMITTAL						June 15, 2001		
For FY 2006				The Transfer History		Shuji TAKANA		
70112000				\$ <del></del>		L. M. Douyon		
Applicant dalms small entity status. See 37 CFR 1 27				Art Unit		1751		
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00				Attorney Docket No. 14		1422-0480P		
METHOD OF PAYMEN	T (chack at	I that apply}						
Check Credit C	ard	Money Order	None	Other	please identi	ify)		
x Deposit Account Depo	eit Ancount No	mbe: 02-2448 po	posit Appa	unt Name	Birch, Ste	wart, Kolasch	& Birch, L	LP
For the above-ident	ified deposi	it account, the Dire	ector is i	sereby authorize	d to: (checi	k all that apply;		
x Charge fee(s)	indicated b	elow		Charg	e fee(s) ind	icated below, e	xcept for ti	e filing fee
X Charge any a fae(s) under	dditional fee 37 CFR 1.1	e(s) or underpaym 6 and 1.17	ents of	x Credit	any overpa	ryments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	, AND EXA	MINATION FEES	5					
	FILING FEES				EXAMIN	INATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissuc	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	200			_				Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
Total Claims Extra Claims Fee (\$) Fee			Fee Pa	aid (S) <u>Multiple Dependent Claims</u>				
.= x =				Fee	(S) Fee Paid (S)			
HP = highest number of total clai								
Indep. Claims Extra	Claims	Fee (\$) Fee Paid (\$)						
HP = highest number of indepen	dest claims pa	ad for, if greater than 2	3					200
3. APPLICATION SIZE FEE								
if the specification and dra listings under 37 CFR sheets or fraction there	1.52(e)), the	application size	fee due	is \$250 (\$125 f	onically file or small on	ed sequence or sity) for each a	computer idditional 50	)
	ctra Sheets			ditional 50 or frag	tion thereof	Fee (\$)	Fee	Paid (\$)
- 100 =				round up to 8 who			*	
4. OTHER FEE(S)		******					Fees	Paid (\$)
Non-English Specificati	on, \$130 t	ee (no small enut	y discor	mt)				
Other (e.g., late filling st	rcharge): _	1253 Extension	for res	onse within th	ird month		1,0	20.00
SUBMITTED BY	1							
Signature XXX				feguiration No Attorney/Agont)	32,881	Telephone (703) 205-8000		
Name (Print/Type) John W. Bailey Date							November 2, 2006	